



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 295

TO: ALL HOLDERS OF THE MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SUBJECT: ARTICLE 5K - PERCENT PROGRAMS

Enclosed are corrections and clarifications to the Percent program procedures. New examples of the revised Income Disregard program determination for a pregnant minor living in the home with a senior parent has also been added. These new additions or changes are marked with a black line in the right margin. Changes in the Federal Poverty Level (FPL) amounts are not reflected with a black line. The FPL limits and parental needs deductions used are subject to change. For purposes of the examples used, assume they are correct. The Notices of Action have been revised to include changes required by Senate Bill 87.

Filling Instructions:

Remove Pages:

Article 5K

Article 5K-1 through 5K-35

Insert Pages:

Article 5K

Pages 5K-1 through 5K-49

If you have any questions, please contact Mr. John McDaniel at (916) 552-9481.

Original signed by

Tameron Mitchell, R.D., M.P.H., Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5K--PERCENT PROGRAMS

The following are the zero share-of-cost (SOC) Percent programs for pregnant women, infants, and children.

A. CHRONOLOGICAL EXPLANATION AND BACKGROUND

1. 185 Percent Program

SB 2579 amended Section 14148 of the Welfare and Institutions (W&I) Code to require the Department of Health Services (DHS) to adopt the federal Medicaid option (which is now mandatory) available under the Omnibus Budget Reconciliation Act (OBRA) of 1987 to extend Medi-Cal eligibility to all otherwise eligible pregnant women and infants up to the age of one year whose family income does not exceed 185 percent of the federal poverty level (FPL). This program was implemented on July 1, 1989 and ended in February 1994 when it was incorporated into the Income Disregard Program.

2. 200 Percent Program

AB 75 allocated funds from the Cigarette and Tobacco Tax (Proposition 99) to provide a state-only program for otherwise eligible pregnant women and infants up to one year old whose family income exceeds 185 percent but not in excess of 200 percent of the FPL. Assets (property) limits were also waived. This program was implemented January 1, 1990, retroactive to October 1, 1989 and ended in February 1994 when it was incorporated into the Income Disregard program. Assets were disregarded in the 200 Percent Program on January 1, 1992, but only for those persons with income between 185 and 200 percent. The Asset Waiver program continues under the Income Disregard Program. For information on the waiver of assets, see Article 5F of this manual.

3. Income Disregard (Percent) Program

SB 35 amended Section 14148 of the W&I Code to provide an income disregard for pregnant women and infants in the 185 and 200 Percent programs effective February 1, 1994. This resulted in more persons being eligible for the 185 Percent program and allowed the DHS to claim federal financial participation for those persons who were only eligible for the state-only 200 Percent program. The amount of the income disregard is the difference between 200 and 185 percent of the FPL for the family size. Instead of calculating the amount of the income disregard and deducting it from "net" nonexempt income and comparing the remainder to the appropriate 185 percent of the FPL, counties will achieve the same results by comparing the net income to 200 percent of the FPL. Assets are also waived under this program. Effective June 19, 2003, retroactive to January 1, 2002, the Parental Income Disregard Provision disregards all income of the pregnant minor's parents if the minor is living in the home or is between the ages of 18 to 21 and is claimed by the parent(s) as a tax dependent and would be ineligible without this provision.

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4. 133 Percent Program

Section 6401 of OBRA 1989 required states to provide Medi-Cal benefits at zero SOC to otherwise eligible children who have attained age one but have not attained age 6 and whose family income does not exceed 133 percent of the FPL. This program was implemented June 1990, retroactive to April 1, 1990. Effective March 1, 1998, property is disregarded under this program pursuant to SB 903 (Chapter 624, Statutes of 1997)

5. 100 Percent Program

Section 4601 of OBRA 1990 required states to provide Medi-Cal benefits at zero SOC to otherwise eligible children who have attained age 6, were born after September 30, 1983, but who have not attained age 19. The family income may not exceed 100 percent of the FPL. This program was implemented November 1, 1991, retroactive to July 1, 1991. Section 4732 of the Balanced Budget Reconciliation Act of 1997 amended federal law to allow states the option of choosing an earlier date of birth than September 30, 1983. On October 3, 1997, State law (SB 903) added Section 14005.23 of the W&I Code (Chapter 624) to allow persons who have not yet attained age 19 but born prior to September 30, 1983, to be added to the 100 Percent program. Implementation begins on March 1, 1998. This bill also disregarded property for this program.

B. AID CODES AND BENEFITS

	Aid Code	Benefits/Status of Person
1.	Income Disregard (Percent) Program	
	44	Pregnancy related and Postpartum Services Only
	48	Pregnancy Related and Postpartum Services Only (unsatisfactory immigration status)
	47	Full benefits to infants up to one year unless continuously hospitalized beyond one year
	69	Emergency Services Only to infants up to one year unless continuously hospitalized beyond one year
2.	133 Percent Program	
	72	Full benefits to children age 1 up to age 6 unless continuously hospitalized beyond age 6.
	8P	Full benefits to children age 1 up to age 6 with excess property unless continuously hospitalized beyond age 6.
	74	Emergency services only to children age one up to age 6 unless continuously hospitalized beyond age 6.

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	8N	Emergency services only to children age one up to age 6 with excess property unless continuously hospitalized beyond age 6.
3.	100 Percent Program	
	7A	Full benefits to persons age 6 up to age 19 unless continuously hospitalized beyond age 19.
	8R	Full benefits to persons age 6 up to age 19 with excess property unless continuously hospitalized beyond age 19.
	7C	Emergency Services Only to persons age 6 to 19 unless continuously hospitalized beyond age 19.
	8T	Emergency Services Only to persons age 6 to 19 with excess property unless continuously hospitalized beyond age 19.

NOTE: See Article 5F in this manual for more information on the excess property aid codes.

C. PERIOD OF ELIGIBILITY

1. **Pregnant Women (200 Percent Income Disregard):** Eligibility begins the first day of the month for which pregnancy is verified and continues through the 60-day period beginning on the last day of pregnancy and ending on the last day of the month in which the 60th day occurs.
2. **Infants (200 Percent Income Disregard):** Eligibility begins at birth and continues to age 1, if otherwise eligible. (See Exception below).
3. **Children Ages 1 to 6 (133%)** Eligibility begins at age 1 and continues up to age 6, if otherwise eligible. (See Exception below).

Persons Ages 6 to 19 (100%) Eligibility begins at age 6 and continues up to age 19, if otherwise eligible. (See Exception below).

EXCEPTION: Inpatient Services

An infant or child who is receiving inpatient medical services during a continuous period which began before and continues beyond his/her ending period (birthday) will continue to be eligible until the end of the continuous inpatient period if otherwise eligible.

NOTE: If a child or infant is eligible for a higher percent program in the month he/she becomes one or six, determine or continue eligibility for the higher program for that month.

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D. ELIGIBILITY DETERMINATION

1. Counties should evaluate Medi-Cal applicants for the Section 1931(b) program (See Article 5S and 8G) prior to determining eligibility for the MN program. If the applicants are not eligible for Section 1931(b), have a share of cost in the MN/MI program, or have not provided information about their property, the children and/or pregnant woman should be evaluated for the Percent programs. **For purposes of illustrating the percent program, the examples in sections D and E assume the family is ineligible for the section 1931(b) program.**

MFBU Has No SOC -

If the eligible family's net nonexempt income is at or below the MN or MI maintenance need level and there is no SOC, there is no need for the Percent programs.

MFBU Has a SOC and Sneed Procedures Do Not Apply

Any pregnant woman, infant, or child who would have a SOC under the MI/MN program shall be considered for potential eligibility under the Percent programs.

- A. Determine the number of persons in the MFBU.
- B. Determine the family's net nonexempt income as specified under family income determination below.
- C. Compare to the appropriate Percent program limit for the number of persons in A.
- D. If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.
- E. If the MFBU contains a pregnant minor mother who is living with her senior parent(s) and the family's net nonexempt income is above the 200 percent Income Disregard Program limits, disregard the income of the parent(s) and reevaluate her eligibility based on a family size of two (pregnant woman and unborn). If she also has a born child or spouse living in the home, include them in the MFBU.

MFBU Has a SOC and Sneed Procedures Apply For the Income Determination

If *Sneed* procedures apply to the income determination, the MFBU already has been broken down into mini budget units (MBUs). If the MBU which contains the potential Percent program eligible has no SOC, report the individual to the Medi-Cal Eligibility Data System (MEDS) under the appropriate regular aid code with a zero SOC. If the MBU has a SOC, the pregnant woman, infant, or child shall be considered for Percent program eligibility.

- A. Determine the number of people in the MFBU.
- B. Determine the potential Percent program eligible's net nonexempt income as follows:
 - (1) Use the rules described below under family income determination to determine net nonexempt income.

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- (2) Consider only the potential eligible's own net nonexempt income and that of his/her parent/spouse if they are in the MFBU. Note: If the child has his/her own income and property (is in his/her own MBU), that income/property is never used to determine his/her parent's or sibling's Percent program eligibility.
- (3) Compare the total net nonexempt income to the appropriate Percent program limit for the number of persons in (A).
- (4) - If the family's net nonexempt income exceeds the FPL, no eligibility exists under the poverty level programs. Compute the SOC for the regular MI/MN program.
- (5) If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.
- (6) If the MFBU contains a pregnant minor mother who is living with her senior parent(s) and the family's net nonexempt income is above the 200 percent Income Disregard Program limits, apply the parental income disregard provision in determining the pregnant minor's eligibility for the Income Disregard Program. That is, disregard the income of the parent(s) and reevaluate her eligibility based on a family size of the pregnant minor and her unborn(s), e.g., two (pregnant woman and unborn) or three (if a pregnant minor and the unborn are twins). If she also has a born child or spouse living in the home, include them in the MFBU. NOTE: A pregnant woman in her last trimester with a deprived unborn may be eligible for Section 1931(b) as an adult if she is 18 and not enrolled in school.

Note: Since no income from the pregnant minor's parent(s) is counted, if the pregnant minor's parent applies for her and provides the necessary information about the minor but refuses to provide his/her income or information about himself/herself, counties may make the determination without it. This sometimes occurs when the minor is married and living in the home of the senior parent because the parent considers the child to be an adult.

2. Family Income Determination

- o The allowable income deductions for Aid to Families with Dependent Children-Medically Needy (AFDC-MN) families shall be considered for potential eligibility, e.g., child support disregard, \$90 work related expenses, child care paid, court ordered alimony or child support paid, the excluded child allocation, income used to determine Public Assistance (PA), and the allocation to the Supplemental Security Income (SSI) or In-Home Supportive Services (IHSS) recipient.
- o Health insurance premiums are not allowable deductions from the gross income when computing the adjusted net nonexempt family income.

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- o Deductions which are solely applicable to those who are Aged, Blind or Disabled (ABD) are not allowable deductions nor are medical expenses paid to reduce an other family member's share-of-cost.
- o The Social Security Title II Cost of Living Adjustment (COLA) in January shall not be included until the effective date of that year's FPL.

EXAMPLES

NOTE: *The FPL limits and parental needs deductions are subject to change. For purposes of these examples, assume they are correct.*

Example A: Regular MI/MN SOC Program -Sneede procedures do not apply

MFBU - MN	Person	Income	SOC Determination
Married unemployed dad	Tom	\$1,467	\$1,467 net nonexempt income
Married pregnant mom	Robyn	\$ 0	- 40 health insurance
Unborn	-----	\$ 0	\$1,427 net nonexempt
3-month-old	Matthew	\$ 0	- 1,417 MN limit for 6
5-year-old	Ryan	\$ 0	\$ 10 SOC
7-year-old	Bob	\$ 0	

Since the family has a SOC, Robyn, Matthew, Ryan, and Bob will be considered for the Percent programs. Since health insurance premiums and deductions solely for the ABD cannot be used to reduce the family's income for these programs, the eligibility worker (EW) will add back the health insurance premium to the family's adjusted net nonexempt income.

\$1,427 net nonexempt income under regular Medi-Cal
+ 40 health insurance premium
\$1,467 adjusted net nonexempt income

1. Compare to 100 percent of the FPL for 6 persons: \$2,057 (effective April 2003). Bob is eligible for the 100 Percent Program.
2. Compare to 133 percent of the FPL for 6 persons: \$2,736 (effective April 2003). Ryan is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 6 persons: \$4,114 (effective April 2003). Robyn, unborn, and Matthew are eligible for the Income Disregard Program.

Example B: Regular MI/MN SOC Program - Sneede procedures do not apply

MFBU - MN	Person	Income	SOC Determination
Employed mom	Jill	\$1,165	\$1,165 net nonexempt income
6-month-old	Pam	\$ 0	- 50 health insurance
4-year-old	Cindy	\$ 0	\$1,115 net nonexempt
6-year-old	Bryan	\$ 0	- 1,100 MN limit for 4
			\$ 15 SOC

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Since the family has a SOC, the children will be considered for the Percent programs. Since health insurance premiums and deductions solely for the ABD cannot be used to reduce the family's income for these programs, the EW will add back the health insurance premium to the family's adjusted net nonexempt income.

\$1,115 net nonexempt income
+ 50 health insurance premium
\$1,165 adjusted net nonexempt income

1. Compare to 100 of the FPL for 4 persons: \$1,534 (effective April 2003). Bryan is eligible for the 100 Percent program.
2. Compare to 133 percent of the FPL for 4 persons: \$2,040 (effective April 2003). Cindy is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 4 persons: \$3,067 (effective April 2003). Pam is eligible for the Income Disregard program.

Example C: Stepparent Case When Only the Separate Child(ren) of One Parent Wishes Medi-Cal

When only the separate child(ren) of one spouse applies for Medi-Cal, the county will use only the child(ren)'s own income, if applicable, and the balance of the ineligible parent's income which is available to the members of the MFBU. To determine the amount of the ineligible parent's income available to the MFBU, i.e., the balance, the county must follow the methodology similar to that developed in *Sneede* even though it is not yet known whether this case will ultimately be a *Sneede* case. That is, the county determines the amount of the ineligible parent's income allocated to the nonmembers of the MFBU for whom he/she is responsible and the remainder is the balance available to the MFBU. In making this determination, the ineligible parent is allowed appropriate income exemptions and deductions including a parental needs deduction, and then net nonexempt income is equally allocated to his/her excluded spouse and all of the ineligible parent's natural/adopted children in the household who are both in and out of the MFBU. The amount allocated to the non-MFBU members for whom the ineligible parent is responsible is then deducted from the ineligible parent's gross income (as are other appropriate deductions and exemptions) to determine the balance of the ineligible parent's income available to the MFBU. The county will then determine whether this is a *Sneede* income case.

NOTE: If the parent of the separate children is pregnant and the unborn is the mutual child of the spouse, don't include the unborn in the MFBU.

Scenario: Sally wants Medi-Cal for her two separate children, Susie (age five) and Shauna (age four). Sally, her husband, Sam, and their mutual child, Steven, do not want Medi-Cal. Sally works and earns \$1,710 per month; Susie and Shauna have no income of their own. The MFBU is composed of Susie, Shauna, and Sally as an ineligible parent.

Determination of Balance of Mom's Income Available to the MFBU

- A. Allocation Determination -- To determine allocation to family members not in the MFBU.
- | | |
|---------|---|
| \$1,710 | Sally's gross earnings |
| - 90 | Work deductions |
| \$1,620 | Net nonexempt income |
| - 600 | Parental needs deduction |
| \$1,020 | Divided by 4 (Sam, Shauna, Susie, Steven) = \$255 to each |
| \$ 510 | To Sam and Steven, not in MFBU |

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B. Net Balance to MFBU

\$1,710 Sally's gross earnings
- 90 Work Deduction
\$1,620
- 510 (\$255 allocation to Sam, \$255 allocation to Steven)
\$1,110 Net balance available to MFBU from Mom

MFBU's SOC Computation

\$1,110 Mom's income
0 Shauna's income
0 Susie's income
\$1,110 Total net nonexempt income
- 934 MN limit for 3
\$ 176 SOC

Since the MFBU has a SOC and the two girls are aged five and four, they are potentially eligible for the 133 Percent program. (Note: *Sneed* is not applicable because the girls do not have income of their own. If the girls did have income of their own, *Sneed* procedures would apply before eligibility is determined for the FPL programs.)

133 Percent program eligibility for each child:

Shauna

\$1,110 Balance of Mom's net nonexempt income
0 Shauna's income
\$1,110 Total net nonexempt income

Susie

\$1,110 Balance of Mom's net nonexempt income
0 Susie's income
\$1,110 Total net nonexempt income

\$1,110 Total net nonexempt income compared to 133 Percent FPL for three* = \$1,692 (April 2003).

Therefore, Susie and Shauna are eligible for the 133 Percent programs.

*The FPL is compared to only the number of persons in the MFBU.

If Shauna and Susie each had income-in-kind of \$237.50, *Sneed* procedures would apply.

NOTE: The MFBU's SOC would also be different. The MBU's would be as follows:

MBU #1 (Sally)		MBU #2 (Shauna)		MBU #3 (Susie)	
Sally's Own Share	\$600	Allocation from Sally	\$255.00	Allocation from Sally	\$255.00
MNIL	- 600	Shauna's Income	237.50	Susie's Income	237.50
SOC	\$ 0	Total	\$492.50	Total	\$492.50
		Minus	375.00	Minus MNIL	375.00
		SOC	\$117.50	SOC	\$117.50

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Compare Shauna's and Sally's total net nonexempt income (\$1,110 + \$237.50) to the 133 percent FPL for three persons (\$1,692).

Compare Susie's and Sally's total net nonexempt income (\$1,110 + \$237.50) to the 133 percent FPL for three persons (\$1,692). Both Shauna and Suzie are eligible.

Example D: Married Parents with Mutual and Separate Children

A family of four, (mother-Jane, father-John, their mutual child-Joy age two years, and the mother's separate child-June age 17) are receiving Medi-Cal. The mother has unemployment benefits of \$750, pays a \$50 health insurance premium, for a net nonexempt income of \$700 per month. The father has unemployment benefits of \$800 per month. The children have no income. Since the family has a share of cost (SOC) based on MNIL of \$1,100, revised *Sneed* rules (as modified by *Gamma*) would apply.

<u>Mother (Jane)</u>		<u>Father (John)</u>	
Total countable income	\$ 700.00	Total countable income	\$800.00
Less parental needs	\$ 600.00	Less parental needs	\$600.00
Mother's income to be allocated	\$ 100.00	Father's income to be allocated	\$200.00
Number of persons for whom Mother is responsible (Father, mutual child, and Mom's separate child)	3	Number of persons for whom Father is responsible (Mother, mutual child)	2
Mother's allocation	\$33.34 each	Father's allocation	\$100.00 each
<u>MBU #1</u>		<u>MBU #2</u>	
(Jane, John, Joy)		(June)	
Mother's Own Share	\$ 600.00	Allocation from Mother	\$ 33.34
Mother's Allocation from Father	100.00	Total Income	33.34
Father's Own Share	600.00	Minus MNIL	-375.00
Father's Allocation from Mother	33.34	SOC	\$ 0.00
Child's Allocation from Mother	33.34		
Child's Allocation from Father	+ 100.00		
Total	\$1,466.68		
Minus MNIL for 3	- 934.00		
SOC	\$ 533.00		

Since Joy is two years old and has a SOC, she is potentially eligible for the 133 percent program.

Compare only Mom's net nonexempt income (\$700) and Dad's net nonexempt income (\$800) (total of \$1,550 after adding back \$50 health care deductions) to 133 percent of the FPL for a family of four to determine Joy's eligibility for the 133 percent program. Joy is eligible for this program.

Example E: Unmarried Couple and their Unborn

The existing MFBU consists of a family of three: an unmarried couple and their unborn. The father does not wish to apply for Medi-Cal.

MFBU

Mother
Unborn

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Assume the MFBU is properly eligible and has a SOC. Since the father does not wish Medi-Cal, Sneede procedures do not apply.

When determining eligibility for the Income Disregard program, use only the income of the mother. Compare her net nonexempt income to 200 percent of the FPL for two. Do not include the father of her unborn.

NOTE: The unmarried father of an unborn or child under age one who has no other mutual or separate children living in the home who are applying for Medi-Cal is not required to be included in the MFBU until the unborn is age one unless he wishes to be aided or the mother of his child needs him for linkage after her pregnancy ends. This is due to the *Sneede v. Kizer* lawsuit and the Continued Eligibility program, the latter of which requires that the eligibility determination for the unborn or infant be tied only to the mother.

Example F: Caretaker Relative and Grandchildren

The MFBU consists of a family of three: a grandmother (caretaker relative) and her daughter's two children. The children are ages 2 and 5. The children each receive Social Security benefits.

MFBU

Caretaker Relative

Child A - \$

Child B - \$

Assume the MFBU is properly eligible and has a SOC under existing regulations. The county applies revised *Sneede* procedures to the SOC determination. Assume that the children's MBUs have a SOC under *Sneede*.

MBU #1	MBU #2	MBU #3
Caretaker Relative (with SOC or zero SOC)	Child A - \$ (SOC)	Child B - \$ (SOC)

The two children under age 6 are now potentially eligible for the 133 Percent programs.

1. Use only Child A's income and compare it to the FPL level for three persons.
2. Use only Child B's income and compare it to the FPL level for three persons.

E. MULTIPLE MEDI-CAL FAMILY BUDGET UNITS - DUAL ELIGIBILITY

Pregnant Women

Under the Income Disregard (Percent) program, the pregnant woman is only entitled to receive pregnancy-related services. However, she is also eligible under the MI/MN program (unless she requested Minor Consent services only) with a SOC for her non-pregnancy-related care. Therefore, she and her unborn will be in two MFBUs: (1) the Income Disregard program and (2) the MI/MN program with a SOC.

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Children

Children in the Percent programs are entitled to receive full or emergency and pregnancy-related services depending on their citizen status. They will also appear in two MFBUs if there are other members of the family receiving regular SOC Medi-Cal; however, they will be considered an ineligible (I.E.) member of the regular MFBU.

EXAMPLES

Example 1: Pregnant Mother and Spouse

Holly is a pregnant mom. She is applying for herself and her husband Jim who is unemployed. The family has a SOC under the MI/MN program, but their income is less than 200 percent of the FPL. The MFBUs would be as follows:

Income Disregard

Holly
Unborn
<Jim>

MI/MN Program

Holly
Unborn
Jim

Example 2: Single Pregnant Mother and Children

Ann is a pregnant mother of three children. She is applying for herself and her unborn, her six-month-old son Mike, her four-year-old son John, and her twenty year-old daughter Marie. The family is income eligible for all the percent programs; however, Marie is not eligible for the 100 Percent program because she is over age 19.

Income Disregard

Ann
Unborn
Mike
<John>
<Marie>

133 Percent

<Ann>
<Unborn>
<Mike>
John
<Marie>

MI/MN Program

Ann
Unborn
<Mike>
<John>
Marie

NOTE: When the pregnant woman delivers her baby, the otherwise eligible newborn will be issued a Beneficiary Identification Card (BIC) within two months under the appropriate Income Disregard program.

F. MARRIED AND UNMARRIED PREGNANT MINOR'S LIVING WITH SENIOR PARENTS

All County Welfare Director's Letter 03-34 dated January 19, 2003 informed counties that all income from a parent or parents of a pregnant minor who live together in the home is disregarded when determining eligibility for the Income Disregard (200 Percent) program if the pregnant minor is not eligible using regular rules. This includes a pregnant minor who is between the age of 18 and 21 and claimed as a tax dependent by her parents even though she does not live in the home of her parents.

Under the parental income disregard provision, only the net nonexempt income of the pregnant minor and her spouse, if applicable, will be counted in the determination. All other program rules for the Income Disregard Program described in the Medi-Cal Eligibility Procedures Manual Articles 5K, 8F, and 8G still apply when determining eligibility under this revision.

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Should counties become aware of any cases where the pregnant minor had a share of cost (SOC) or a SOC and excess property due to parental income and resources, counties should redetermine eligibility for the Income Disregard program under the new rules retroactive to January 1, 2002.

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Example 1: Unmarried Pregnant Minor Living With Her Parents

The family consists of an unmarried pregnant 17-year-old citizen woman living with her parents. The minor is not deprived and the family is not eligible for the Section 1931(b) or the Medically Needy (MN) program. The county has determined that she has a SOC in the Medically Indigent (MI) program. If the county had evaluated the pregnant woman for the Income Disregard program using previous rules, she would not be eligible due to her and her parent's income. Assume the income is net nonexempt.

Income Disregard Program Rules

<Pregnant Minor's Mother>	\$1,500
<Pregnant Minor's Father>	\$2,000
Pregnant Minor	\$ 500
Unborn	\$ 0
Total	\$4,000
Limit for Four	\$3,067

When the county uses the new parental income disregard provision, the pregnant minor is now eligible since only her income is used.

Parental Income Disregard Provision

Pregnant Woman	\$ 500
Unborn	\$ 0
Total	\$ 500
Limit	\$2020

The minor should be reported to the Medi-Cal Eligibility Data Systems (MEDS) using the usual secondary aid code of 44 for pregnancy-related services only. She will have a SOC in the MI program for non-pregnancy services and may be reported to MEDS with a primary aid code of 83. If she did not have satisfactory immigration status, she would be reported to MEDS with a secondary aid code of 48, with a primary aid code of either 58 or 5F.

Example 2: 20-Year-Old Pregnant Woman In Her Last Trimester Living With Her Parents and the Unborn Child's Father (Boyfriend)

A 20-year-old pregnant woman in her last trimester is applying for Medi-Cal. Her parents are not requesting benefits. Since she is considered to be an adult for the Section 1931(b) program, she may apply on her own behalf. Assuming the unborn would be deprived if born, the county should evaluate her for that program first. Her 21 year-old unemployed boyfriend (father of unborn) is not eligible for this program until the baby is born since they have no other children. Assume the income is net nonexempt.

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Section 1931(b)

Pregnant woman	\$ 900
Unborn	\$ 0
<Boyfriend>	\$ 0
Total	\$ 900
Limit	\$1272

MN Program

Boyfriend \$0

The pregnant woman is eligible for the Section 1931(b) program. The boyfriend is eligible for the MN program until the baby is born. He may then be aided in the Section 1931(b) program.

Note: The new parental income disregard provision had no impact in this scenario.

Example 3: 18-Year-Old Pregnant Woman In Her First Trimester Living With Her Parents And Her Unborn Child's Father (Boyfriend).

This pregnant unemployed 18-year-old was evaluated for the Section 1931(b) program as an adult, but is not eligible because either she is not in her last trimester of pregnancy or her income is over the limit. She and her parents should be then evaluated for the MI program because her father is employed and she is not deprived. The minor's parents are now in the Medical Family Budget Unit (MFBU) because she is considered a child in that program. The senior parents have no linkage. Assume the income is net nonexempt. The pregnant minor and her unborn are also in the MN MFBU with the unemployed boyfriend (second parent) to determine if he is eligible.

MI Program

Pregnant Minor	\$1,000
Unborn	\$ 0
<Pregnant Minor's Father>	\$3,000
<Pregnant Minor's Mother>	\$ 500
Total	\$4,500
Limit	\$1,100
SOC	\$3,400

MN Program

<Pregnant minor>	\$1,000
Unborn	\$ 0
Boyfriend	\$ 0
Total	\$1,000
Limit	\$ 934
SOC	\$ 66

Since the pregnant minor has a SOC in the MI MFBU, *Sneed* rules apply. *Sneed* rules also apply to the MN MFBU when determining the boyfriend's eligibility because they are unmarried. He appears eligible with zero SOC for the MN program because the pregnant minor does not deem any income to him in the *Sneed* determination.

Pregnant Minor's *Sneed* Determination:

<Pregnant Minor's Father> $\$3,000 - \$600 = \$2,400 \div 2 = \$1,200$
 <Pregnant Minor's Mother> $\$500 - \$600 = \$0$

Mini Budget Unit (MBU) No. 1

<Pregnant Minor's Father>	\$ 600
<Pregnant Minor's Mother>	\$ 500 + \$1,200
Total	\$2,300
Limit	\$ 934

MBU No. 2

Pregnant Minor	\$1,000 + \$1,200
<Unborn>	\$ 0
Total	\$2,200
Limit	\$ 550*
SOC	\$1,650

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

*Note: The unborn is counted as a child when determining the personal needs amount for a pregnant mother. The minor has a SOC in the MI program and is not eligible for the 100 percent program or the Income Disregard Program using regular rules. She should be evaluated for the Income Disregard Program using the new parental income disregard rules.

Parental Income Disregard Provision

Pregnant Minor	\$1000
Unborn	\$ 0
Total	\$1000
Limit	\$2020

The pregnant minor is eligible for the Income Disregard program for her pregnancy related benefits using the new rules.

Example 4: Stepparent Household With Pregnant Minor And Her Boyfriend (Parent Of Unborn)

A stepparent household consists of a married couple, the husband's separate unmarried 16-year-old pregnant minor, the minor's unborn child, the minor's unemployed 17-year-old boyfriend (father of the unborn), and the wife's separate ten-year-old child. The entire household applies for Medi-Cal and the father reports his daughter's pregnancy. They are evaluated for the Section 1931(b) program. The minor's boyfriend (father of the unborn) is receiving unemployment benefits and is requesting Medi-Cal, but is not eligible for Section 1931(b) until the baby is born. Once the baby is born, the Section 1931(b) MFBU used to determine the boyfriend's eligibility will also include the minor mother as an ineligible member and the baby as an eligible member. Assume the income is net nonexempt.

Section 1931(b) MFBU No.1

Father	\$2,010
Stepmother	\$ 500
Pregnant minor	\$ 400
Unborn	\$ 0
Stepmother's ten-year-old	\$ 0
Total	\$2,910
Limit	\$1,795

Section 1931(b) MFBU No.2

<Boyfriend>	\$ 200
<Pregnant minor>	\$ 400
< Unborn>	\$ 0
Total	\$ 600
Limit	\$1,272

No eligible persons in this MFBU

Since the family members in MFBU No. 1 are over the Section 1931(b) limit, Sneed rules apply. The boyfriend should be evaluated for the MN program until the baby is born.

Father \$2,010 - \$749 = \$1,261 + 2 = \$630.50

Stepmother \$500 - \$749 = \$0

MBU No.1

Father	\$, 749
Stepmother	\$ 500 + \$631
Total	\$1,880
Limit	\$1,010

MBU No. 2

Pregnant minor	\$400 + \$631
Unborn	\$ 0
Total	\$1,031
Limit	\$1,010

MBU No.3

10-year-old	\$ 0
Limit	\$498

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Only the ten-year-old is eligible for Section 1931(b) in the first month. Evaluate the other family members for the MN program. The ten-year-old is not in the MN MFBU.

MN MFBU No. 1

Father	\$2,010
Stepmother	\$ 500
Pregnant minor	\$ 400
Unborn	\$ 0
Total	\$2,910 --
Limit	\$1,100
SOC	\$1,810

The pregnant minor has a SOC in the MN program. Sneede rules apply.

Father $\$2010 - \$600 = \$1410 / 2 = 705$ Stepmother $\$500 - \$600 = 0 + 705 = \$705$

MN MBU #1

Father	\$ 600
Stepmother	\$ 705
Total	\$1,305
Limit for two	\$ 934
SOC	\$ 371

MN MBU#2

Pregnant Minor	\$400+705+1105
Unborn	\$ 0
Total	\$ 1105
Limit for two	\$ 750
SOC	\$ 455

The father and stepmother have a SOC of \$371. Evaluate the pregnant minor for the Income Disregard program because she is not income eligible for the 100 Percent FPL program.

Income Disregard Program

<Father>	\$2,010
<Stepmother>	\$ N/A
Pregnant Minor	\$ 400
Unborn	\$ 0
<10-year-old>	\$ N/A
Total	\$2,410
Limit	\$3,590

The pregnant minor is eligible for the Income Disregard Program. There is no need to proceed to the Revised Income Disregard Program. NOTE: If the county used the new parental income provision, the father, stepmother, and the 10 year-old sibling would not be included in MFBU. With respect to the boyfriend he should be evaluated under the MN program, since he is a person under age 21 and is also the parent of a deprived unborn ; however, the boyfriend should be included as ineligible member since he requested to be aided and was in the MN MFBU No. 2.
Evaluate the boyfriend for the MN program.

The second MN MFBU would consist of the ineligible pregnant minor, her unborn, and the eligible boyfriend (and father of the unborn) and any other children of the minor, if applicable.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MN MFBU No. 2

<Ineligible Pregnant Minor>	\$400
Unborn	\$ 0
Boyfriend (Father of the Unborn)	<u>\$200</u>
Total	\$600
Limit	\$934

The boyfriend is eligible in the MN program.

Example 5: 18-Year- Old Unmarried Pregnant Woman, Boyfriend (father of the unborn), Siblings, And Her Parent

The family consists of an unmarried pregnant 18-year-old woman who is in her last trimester of pregnancy and not enrolled in school, her 21-year- old employed boyfriend (father of the unborn), his two-year-old separate child with income, the pregnant woman's two siblings age 10 and 15, and the pregnant woman's parent. They all live in the home. Although the pregnant woman is an adult for purposes of the Section 1931(b) program, her unborn is not deprived because she and her boyfriend are fully employed and she is not an essential person. Therefore, she is not eligible for the Section 1931(b) program. She has net nonexempt earnings of \$3000. Evaluate her siblings, and her parent for the Section 1931(b) program. Sibling number two receives \$300 in Social Security income. The pregnant woman is an ineligible member of her mother's MFBU because her mother requested aid and the pregnant woman is not eligible to apply for Section 1931(b) in a separate case. Assume the income is net nonexempt.

Section 1931(b) Program

Pregnant Woman's Mother	\$1,500
Child No.1	\$ 0
Child No.2	\$ 300
<Pregnant 18-year-old>	\$3,000
<Unborn>	<u>\$ 0</u>
Total	\$4,800
Limit	\$1,795

The family is over the limit; therefore, *Sneed* rules apply. Pregnant woman's Mother
 $\$1,500 - \$749 = \$751 + 3 = \250

MBU NO.1

Mother	\$749
Child No.1	$\$0 + \250
Total	<u>\$999</u>
Limit	\$1010

MBU No. 2

Child No.2	$\$300 + \250
Total	<u>\$550</u>
Limit	\$505

MBU No. 3

<18-Year-Old>	$\$3,000 + \250
<unborn>	\$ 0
Total	<u>\$3,250</u>
Limit	\$ 848

The senior mother and child Number One are eligible for Section 1931(b).

Evaluate the remainder of the family for the MN program. The pregnant woman is a minor child for this program. No income from the senior mother is considered in the MN determination since she is eligible for 1931(b).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MN Program

Pregnant minor	\$3,000
Unborn	\$ 0
Sibling child No.2	\$ 300
Total	\$3,300
Limit	\$ 934
SOC	\$2,366

Sneed rules apply.

MN MBU#1

Pregnant minor	\$3,000
Unborn	\$ 0
Total	\$2,500
Limit	\$ 750
SOC	\$2,250

MN MBU#2

Child No. 2	\$300
Total	\$300
Limit	\$600

Sibling Number Two is eligible for the MN program with no SOC. The pregnant minor has a \$2,250 SOC. Each MBU has a full income limit because the pregnant minor's mother is not in the MN MFBU. The pregnant minor's mother and child Number One are eligible for Section 1931(b) and are treated as though they were receiving California Work Opportunity and Responsibility to Kids.

Evaluate the pregnant minor for the 100 Percent program.

100 Percent Program

<Pregnant Minor's Mother>	\$1,500	
<Child No.1>	\$ N/A	
<Child No.2>	\$ N/A	
Pregnant 18-year-old	\$3,000	
Unborn	\$ 0	
Total	\$4,500	
Limit for five		\$1,795

The pregnant 18-year-old is not eligible for the 100 Percent program. Evaluate the pregnant woman for the Income Disregard program.

Income Disregard Program

<Pregnant Minor's Mother>	\$1,500
<Child No. 1>	\$ N/A
<Child No. 2>	\$ N/A
Pregnant 18-year-old	\$3,000
Unborn	\$ 0
Total	\$4,500
Limit	\$3,590

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The pregnant woman is not eligible for the Income Disregard program using regular rules. Evaluate her for using the parental income disregard provision.

Parental Income Disregard Provision

Pregnant 18-year-old	\$3,000
Unborn	\$ 0
Total	\$3,000
Limit	\$2,020

The pregnant 18-year-old is not eligible using the parental income disregard provision. She will have a \$2,250 SOC in the MN program.

Example 6: Married Pregnant 19-Year-Old Living With Her Parent

A married pregnant 19-year-old living with her 21-year-old husband, their mutual three-year-old child and her parent, age 42. Because the 19-year-old is considered an adult for Section 1931(b), her mother is not included in the Section 1931(b) MFBU and is not eligible because she has no deprived "child". The pregnant woman is incapacitated. Evaluate her, her husband, and their mutual child for Section 1931(b). Assume the income is net nonexempt.

Section 1931(b) MFBU

Pregnant Woman	\$ 750
Unborn	\$ 0
Spouse	\$2,000
Mutual Child	\$ 0
Total	\$2,750
Limit	\$1,534

Since the family failed the Section 1931(b) income test, evaluate them for the MN program to determine their SOC. The pregnant minor's parent is now included in this MFBU because the pregnant minor is considered a child for this program. The pregnant minor is deprived because her father is absent.

MN MFBU No. 1

<Pregnant Minor's Parent>	\$3,000
Pregnant 19-Year-Old	\$ 750
Unborn	\$ 0
<Spouse>	\$2,000
<Mutual Child>	\$ 0
Total	\$5,750
Limit	\$1,259
SOC	\$4,491

MN MFBU No. 2

<Pregnant 19-Year-Old>	\$ 750
Unborn	\$ 0
Spouse	\$2,000
Mutual Child	\$ 0
Total	\$2,750
Limit	\$1,100
SOC	\$1,650

MN MFBU No. 3

Pregnant Minor's Parent	\$3,000
<Pregnant 19-Year Old>	\$ 750
Unborn	\$ N/A
Total	\$3,750
Limit	\$ 934
SOC	\$2,816

Note: Sneed rules would apply to MFBU No. 3 because the pregnant minor's parent has a SOC of \$2,816 and the 19-year-old has income. If the parent keeps her personal needs allowance of \$600 and deems the remainder to the pregnant minor, the parent will be eligible for the MN program with no SOC.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Evaluate the pregnant woman and her child for the Percent programs.

Income Disregard Program

<Pregnant Minor's Parent>	\$3,000
Pregnant 19-Year-Old	\$ 750
Unborn	\$ 0
<Spouse>	\$2,000
<Mutual Child>	\$ 0
Total	\$5,750
Limit	\$3,590

133 Percent Program

<Pregnant Mother>	\$ 750
<Unborn>	\$ 0
<Spouse>	\$2,000
Mutual Child	\$ 0
Total	\$2,750
Limit	\$2,040

The Mutual Child is not eligible for the 133 Percent program. She and her father would have a SOC of \$1650. The child should be referred to Healthy Families (HF). The pregnant woman is not eligible for the Income Disregard program for her pregnancy-related services using regular Medi-Cal rules. Evaluate her using the parental income disregard provision rules.

Parental Income Disregard Provision

Pregnant 19-Year-Old	\$ 750
Unborn	\$ 0
<Spouse>	\$2,000
<Mutual Child>	\$ 0
Total	\$2,750
Limit	\$3,067

The pregnant woman is eligible for the Income Disregard program using the new parental income disregard rules; however, she has a \$4,491 SOC for her other services.

OTHER INFORMATION

Counties may make the Income Disregard determination using the parental income disregard provision before applying the regular Income Disregard Program rules unless it would be more beneficial to use the regular rules, e.g., the pregnant minor or her boyfriend/spouse have income, her parents have little income, or there are siblings in the home which raises the family size and the income limit. The scenario in Example Four illustrates that situation.

G. RETROACTIVE REPAYMENT OF SHARE OF COST (SOC)

Beneficiaries who previously met or obligated to pay their SOC and were subsequently determined eligible in the same month of eligibility for one of the Percent programs are entitled to an adjustment (refund/reduction of the billed amount) if they had expenses that would have been covered by the Percent programs. If the family met its SOC but the beneficiary had no pregnancy related expenses for that month (received no benefits), he/she would not be eligible for a refund.

1. Date of Service is less than 12 months:

The beneficiary should be given the Share-of-Cost Medi-Cal Provider Letter (MC 1054) containing the "Old Share of Cost County I.D." and the "New Non-Share of Cost County I.D." to give to the provider for processing.

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Once the provider's claim for services has been reimbursed by the fiscal intermediary, the provider must refund the appropriate amount to the beneficiary if the med SOC was paid. If the SOC was obligated but not paid, the provider reduces the amount billed to the beneficiary by the appropriate amount.

2. Date of Service is older than 12 months:

The beneficiary should be given retroactive Medi-Cal eligibility containing the original SOC, county, I.D., and an MC 1054. The beneficiary should follow the same procedure as noted above.

3. If the beneficiary had expenses in a past month and the SOC was not met, the county should issue the appropriate Percent program card.
4. If the beneficiary states that he/she does not wish a refund but prefers an adjustment to a future month's SOC, follow the procedures outlined in Article 12 of the Medi-Cal Eligibility Procedures Manual.

H. MEDS ALERT

Pregnant Women

Counties will receive an alert towards the end of the 11th month from which the MEDS record was established stating that the woman appears to be no longer eligible for the Percent program. The county will be responsible for terminating the MEDS record and for evaluating the woman for other Medi-Cal programs. If the woman becomes pregnant again within 12 months, the county can reactivate the MEDS record through a restoration of benefits; however, no subsequent alert will be generated.

Children

An alert (9525) will be generated every six months beginning with the last month of eligibility to remind the county to check the child's inpatient status, send a Notice of Action, or that a termination action should be taken if MEDS has no terminated date.

An alert (9526) will be sent when the child is past the appropriate age and every six months thereafter. When eligibility has not been reconfirmed by the county. It will inform the county that eligibility has been terminated on MEDS.

Counties should consult their MEDS Manual for the appropriate Eligibility Status Action Codes (ESACs) in the case of continuing inpatient status.

Children who are no longer eligible for a Percent program should be evaluated for all other Medi-Cal programs before being terminated.

I. QUESTIONS AND ANSWERS

1. If a pregnant woman has income of her own and is married to a man receiving disability benefits (not SSI), how is the income to be treated?

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Answer: To determine the family's SOC under the regular MI/MN program, the ABD deductions would be allowed. However, to determine the woman's eligibility under the Income Disregard program, the AFDC-MN deductions are applied to their income. No deductions for the ABD are allowed.

2. Same situation as No. 1 except the husband is disabled and in long-term care (LTC). How are the MFBUs determined?

Answer: There are two MFBUs. The maintenance need for the mom and the unborn will be for two persons. The husband will be in his own MFBU and will receive a maintenance need amount of \$35 for his LTC status.

3. May a woman become initially entitled to the Income Disregard program during the 60-day postpartum period or during one of the three retroactive months prior to the month of application?

Answer: Yes, if otherwise eligible, she may become initially entitled to the Income Disregard program during or prior to the 60-day postpartum period. For example, if a pregnant woman's initial Medi-Cal application is made three months after the month the pregnancy ended, she still could be eligible for the Income Disregard program. This is unlike the actual 60-day postpartum program (aid code 76) where the woman must have filed for, was eligible for, and received Medi-Cal in the month of delivery.

NOTE: Women who are requesting retroactive postpartum benefits and have no SOC in those months should be placed in the Income Disregard program.

For example, a mother, a father and an infant apply for Medi-Cal in July and request retroactive coverage for April, May, and June. The baby was born in March. The father is employed and has no linkage. In April and May, the mother has linkage via the Income Disregard program which covers women during pregnancy and the 60 postpartum days.

Assuming she and the infant meet the requirements of the Income Disregard program in April and May, both are covered. In June, there is no longer linkage for the mother and she is discontinued. If otherwise eligible, the infant's eligibility continues. If the family income had been above the 200 percent limit, Mom would not have been eligible for the Income Disregard program and its postpartum benefits. Postpartum benefits would only be available under the 60-Day Postpartum program, but she did not apply for that program while pregnant so she would be ineligible for that program as well.

4. How are excluded children treated in the MFBU?

Answer: There is no change in the treatment of excluded children; they would not show in the MFBU. These children would receive an allocation of parental income as specified in the *Sneede v. Kizer* rules.

5. How are stepparents treated in the MFBU?

Answer: *Sneede v. Kizer* changed the procedures on the treatment of stepparents when either (1) just the separate child(ren) of one parent wishes aid regardless of the SOC or (2) when more than just the separate child of one parent wishes aid and the family has a SOC before determining eligibility for the Percent programs. See Example C.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

6. Is verification of the date pregnancy ended required as it is under the 60-Day Postpartum program?

Answer: No, the county may accept the client's verbal statement.

7. May a pregnant woman file an application for Medi-Cal benefits only under the Income Disregard program?

Answer: Yes, a pregnant woman may file solely for pregnancy-related benefits under the Income Disregard program. However, a pregnant woman applying for only the Income Disregard program should be informed of the benefit of applying for full scope Medi-Cal to avoid the second application process should she require non-pregnancy related care.

NOTE: Numbers 8 and 9 address the Income Disregard program; however, they also apply to children who are in the 133 and 100 Percent programs.

8. Situation A: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently exceeds the 200 percent limit, continuous eligibility applies until the next annual redetermination, and then the infant is discontinued from this program. If the family's income later drops to within the 200 percent limit and there has been no change in the infant's inpatient status, may the infant reestablish eligibility under the Income Disregard program?

Answer: No. The child had a break in eligibility and cannot re-establish eligibility under the Income Disregard program beyond the age of one year. However, the child should be evaluated under the 133 Percent program.

9. Situation B: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently drops to an amount that is at or below the maintenance need level. When the continuous period of eligibility ends, will the county need to change the aid code from the Income Disregard program to the regular MI/MN program code with a zero SOC or the 133 Percent program if there is a SOC?

Answer: No. Infants over one year old receiving inpatient services are the only exception to the rule under which infants who would have no SOC are to receive cards under the regular MI/MN program. This exception would make it administratively easier to ensure that the otherwise eligible infant remains on the Income Disregard program should family income later increase where there would be a SOC (after the continuous period of eligibility ends) but family income does not exceed 200 percent of the FPL.

Example: Infant is 14 months old and has been receiving continuous inpatient services since prior to age 1. He has been eligible for benefits with no SOC under the Income Disregard program since birth. His family now has a drop in income to an amount which is below the maintenance need level. The EW shall not change the infant's aid code to the regular MI/MN program because the infant would receive the same scope of benefits with no SOC under either program.

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Two months later the income rises above the maintenance need level but not over 200 percent of the FPL. The EW will not need to review the case history to verify Income Disregard program eligibility prior to age one or make any changes to the infant's record since his aid code has not been changed. NOTE: Continuous eligibility would apply if the infant were income ineligible.

10. Does this program change any existing policies on the treatment of income?

Answer: No changes have been made with respect to the treatment of income. The only changes made pertain to the allowable deductions in determining family adjusted net nonexempt income under the Income Disregard program. Health insurance premiums and deductions which are solely for the ABD are not allowable deductions under this program.

11. May services usually provided under the Income Disregard program be used instead to meet the SOC for the regular MI/MN?

Answer: Yes, but the provider may not bill Medi-Cal for those same services under both aid codes.

12. When a pregnant woman has two aid codes, one with a SOC in the regular MI/MN series and the second in the zero SOC Income Disregard program, which aid code should the provider use?

Answer: If the services she received were pregnancy related, the provider may use either aid code although it would be preferable to bill the services under the Income Disregard aid code so that program costs may be identified. If the services are not pregnancy related, the provider must use the regular SOC aid code.

13. What will happen if a timely ten-day notice is not issued to terminate the infant/child due to the attainment of the maximum age (one/six/nineteen)?

Answer: Ten-day notice is always required for adverse actions. If a ten-day notice was not sent in time and MEDS has already terminated the record, the county will need to input an ESAC code of 9 with a termination date to allow for the extra month(s) needed to issue the ten-day notice of action.

14. If a woman already on Medi-Cal with a SOC reports to the county that she is five months pregnant and she is income eligible under the Income Disregard program, how far back should the county issue retroactive Medi-Cal?

Answer: If the pregnant woman reported her pregnancy timely with the date of medical confirmation, the county would follow Section 50653.3 of the Medi-Cal Eligibility Procedures Manual which described how to process changes which would decrease a beneficiary's SOC. If she did not report timely, she would not be eligible for the Income Disregard program until the following month. See Section G.

15. Are Medicare premiums considered health insurance premiums?

Answer: Yes, parts A and B of Medicare are considered health insurance premiums.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Therefore, under the Percent programs no deductions are allowed for Medicare premiums regardless of whether the beneficiary is paying it directly or if the State is paying the premium.

16. When a pregnant woman who is eligible under the Income Disregard program delivers her baby and the newborn will be the only person left on the MFBU as a Medi-Cal eligible, how soon after delivery must the county obtain a new application?

Answer: Infants born to Medi-Cal eligible women are automatically deemed to have applied and are eligible for one year (Continued Eligibility also known as deemed eligibility), provided certain criteria are met. In this case, a separate application form, MC 13, and Social Security number are not required until the infant attains age one. NOTE: Providers may use the mother's BIC card for the newborn during the first two months of birth. The mother's card (whether full scope or restricted) provides full scope benefits to newborn.

17. Will the counties be required to verify continuous inpatient status for the infant/child over one/six/nineteen?

Answer: The counties are not required to verify continuous inpatient services for infants/children over one year old. The counties will continue with their current verification procedures. However, the counties are cautioned that the potential for an overpayment exists if verification is not done. Remember, MEDS will send out alerts at six-month intervals to remind the counties to verify continuing eligibility. Therefore, if the county does not verify continuing eligibility, a potential overpayment situation may exist for six months or longer.

J. NOTICES

The Percent programs and other pregnancy forms in English and Spanish are listed below:

Form Number	TYPE PROGRAM	BENEFICIARY	
<u>Worksheet</u>	<u>Approval/Deny</u>	<u>Percent</u>	<u>Women/Children</u>
MC 239B - 1	Approval	60 Day Postpartum	Women*
MC 239B - 2	Approval	Income Disregard	Women & Infants
MC 239B - 4	Denial/Dis.	Income Disregard	Women & Infants**
MC 239B - 5	Denial/Dis.	133 Percent	Children 1 to 6
MC 239B - 6	Approval	133 Percent	Children 1 to 6
MC 239G	Denial/Dis	100 Percent	Children 6 to 19
MC 239H	Approval	100 Percent	Children 6 to 19
MC 239P	Approval	Emergency/Preg.	Undocumented Women
MC 239Q	Change	Regular/Full	Women
MC 239S	Approval	Regular/Restricted	Undocumented Women

*The 60 Day Postpartum notice is used for aid code 76 and should not be used for the women eligible under the Percent programs. There is no separate discontinuance notice.

**MC 239B-3 was combined with MC 239B-4.

WORKSHEET (Optional for County Use)

County Code _____

Social Services Agency

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

PERCENT PROGRAM WORKSHEET (Share of Cost Cases Only)

Case Name: _____ Case Number: _____

No. In MFBU _____ Effective Eligibility Date _____
(Mo/Yr)

_____ Net nonexemption income (from MC 176M): _____
Mo/Yr (Do not include ABD deductions)

Health Insurance Premium if already allowed as a deduction + _____

Adjusted Net Nonexempt Income _____

_____ Poverty Level \$ _____ Maintenance Need Level _____

Does adjusted net nonexempt income exceed maintenance need level but not over poverty level? _____

- [] Yes: eligible under _____ program.
[] No: not eligible for _____ percent program.

List Eligible Persons

Person Number	Name	Aid Code

(EW Signature) (Worker No.) (Date)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR 60-DAY POSTPARTUM PROGRAM AND STATUS OF OTHER MEDI-CAL BENEFITS

(COUNTY STAMP)

Notice date _____
Case number _____
Worker name _____
Worker number _____
Worker telephone number _____
Office hours _____
Notice for _____

60-Day Postpartum Program

You are eligible for the 60-day Postpartum Medi-Cal program. This program provides pregnancy-related and family planning services after childbirth, child delivery, or miscarriage. Your eligibility under this program begins _____ and ends _____.

These benefits will be provided whether or not you meet the other eligibility rules (such as property, share-of-cost, etc.). Your Medi-Cal benefits under this program will be limited to postpartum care services only.

Other Medi-Cal Programs:

Your eligibility to receive:

- ☐ full Medi-Cal coverage
- ☐ restricted Medi-Cal coverage for treatment of emergency medical conditions
- ☐ will continue.
- ☐ will be discontinued effective the last day of _____. The reason for this discontinuance is because your pregnancy ended on _____.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker right away.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon. TAKE THIS PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50701(d).

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 D 1 (7/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN PARA EL PROGRAMA DE 60 DÍAS DESPUÉS DEL PARTO Y LAS CONDICIONES DE OTROS BENEFICIOS DE MEDI-CAL

(COUNTY STAMP)

Fecha de la notificación _____
Número del caso _____
Nombre del trabajador _____
Número del trabajador _____
Número de teléfono del trabajador _____
Horas hábiles _____
Notificación para _____

Programa de 60-Días Después del Parto

Usted reúne los requisitos para el programa de Medi-Cal de 60 días después del parto. Este programa proporciona servicios relacionados al embarazo y planificación familiar después del parto, nacimiento del niño o aborto involuntario. Su elegibilidad bajo este programa comienza el _____ y termina el _____.

Se proporcionarán estos beneficios sin importar si usted cumple o no con otras reglas de elegibilidad (tales como bienes, parte del costo, etc.). Sus beneficios de Medi-Cal bajo este programa se limitarán solamente a los servicios de cuidado después del parto.

Otro Programas de Medi-Cal:

Su elegibilidad para recibir:

- ☐ cobertura completa de Medi-Cal
- ☐ cobertura limitada de Medi-Cal para el tratamiento de condiciones médicas de emergencia
- ☐ continuará.
- ☐ se discontinuará a partir del último día de _____. La razón de esta discontinuación es debido a que su embarazo terminó el _____.

Si tiene alguna pregunta o si existe cualquier información que no nos ha reportado, por favor llame o escriba de inmediato a su trabajador(a) de elegibilidad.

Pronto, recibirá usted por correo una Tarjeta de Identificación de Beneficios (BIC) de plástico. LLEVE ESTA TARJETA DE PLÁSTICO A SU PROVEEDOR MÉDICO CADA VEZ QUE NECESITE OBTENER CUIDADO. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE ESTA TARJETA DE IDENTIFICACIÓN DE PLÁSTICO.

Los ordenamientos que exigen esta acción son las secciones 50260 y 50701(d) del Título 22 del Código de Ordenamientos de California.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 B-1 (SP) (7/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR SPECIAL ZERO SHARE-OF-COST 200% PROGRAM FOR PREGNANT WOMEN AND BABIES UP TO ONE YEAR OLD

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

☐ Beginning _____, you are eligible to receive limited Medi-Cal services without a share-of-cost under a special program for pregnant women. Under this program, you can receive only pregnancy-related services which include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning. In addition to other program requirements, eligibility under this program is based on your pregnancy and/or on your family's income.

☐ You continue to be eligible for benefits with a share-of-cost under the regular Medi-Cal program. Under this program you may also receive medical services not related to your pregnancy.

You must report within ten days any significant changes that could affect your eligibility, such as changes in your income, property, medical condition, address, or household situation.

☐ Beginning _____, your baby is eligible to receive Medi-Cal benefits without a share-of-cost under a special program for babies up to one year old. Under this program, the baby's Medi-Cal coverage will provide:

- ☐ Full Medi-Cal benefits.
- ☐ Restricted Medi-Cal benefits (emergency only).

In addition to other program requirements, eligibility under this program is based on your family's income.

You must report within ten days any significant changes that could affect your child's eligibility, such as changes in your income, medical condition, address, or household situation.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

HC 210 B 2 (12/81)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-28

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS BAJO EL PROGRAMA ESPECIAL DEL 200% SIN PAGO DE NINGUNA PARTE DEL COSTO PARA MUJERES EMBARAZADAS Y BEBÉS DE HASTA UN MÁXIMO DE UN AÑO DE EDAD

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso _____
Nombre del trabajador _____
Número del trabajador _____
Número de teléfono del trabajador. _____
Horas hábiles _____
Notificación para. _____

☐ A partir del _____, usted reúne los requisitos para recibir servicios limitados de Medi-Cal, sin pago de una parte del costo, bajo un programa especial para mujeres embarazadas. Bajo este programa, usted solamente puede recibir servicios relacionados al embarazo, que incluyen la atención prenatal, servicios para las complicaciones del embarazo, el trabajo de parto, la atención después del parto y la planificación familiar. Además de los otros requisitos de este programa, la elegibilidad bajo este programa se basa en su embarazo o los ingresos de su familia.

☐ Usted continúa reuniendo los requisitos para recibir beneficios, con pago de una parte del costo, bajo el programa regular de Medi-Cal. Bajo este programa, es posible que usted también reciba servicios médicos no relacionados a su embarazo.

Usted tiene que reportar, en un plazo de diez días, cualesquier cambios importantes que pudieran afectar su elegibilidad, como por ejemplo, cambios en sus ingresos, propiedades, condición médica, dirección o situación en el hogar.

☐ A partir del _____, su bebé reúne los requisitos para recibir beneficios de Medi-Cal, sin pago de una parte del costo, bajo un programa especial para bebés de hasta un máximo de un año de edad. Bajo este programa, la cobertura de Medi-Cal del/de la bebé le proporcionará.

☐ Beneficios completos de Medi-Cal.

☐ Beneficios limitados de Medi-Cal (sólo para emergencias).

Además de los otros requisitos del programa, la elegibilidad bajo este programa se basa en los ingresos de su familia.

Usted tiene que reportar, en un plazo de diez días, cualesquier cambios importantes que pudieran afectar el derecho de su hijo(a) a recibir beneficios, como por ejemplo, cambios en sus ingresos, condición médica, dirección o situación en el hogar.

Siempre presente su Tarjeta de Beneficios (*Benefits Identification Card—BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU TARJETA BIC DE PLÁSTICO.

La regulación que requiere esta acción se establece en la Sección 50262, del Título 22, del Código de Regulaciones de California.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 229 B 2 (SP) (2/03) (corrected 5/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California - Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 200% INCOME DISREGARD PROGRAM FOR PREGNANT WOMEN AND INFANTS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 200% Income Disregard Program is a special program for pregnant women and infants up to one year old with family income at or below 200 percent of the federal poverty level. It provides zero share-of-cost pregnancy-related services and postpartum care to women and medical care to infants under one year of age. A review of your case shows that:

You are not eligible for this program because:

- ☐ Your family's income is over the allowable limit.
 - ☐ This does not affect your regular Medi-Cal eligibility.
- ☐ Your eligibility for benefits under this program ends _____ because:
 - ☐ You are no longer pregnant and your 60-day postpartum period has ended.
 - ☐ Other: _____
 - ☐ This does not affect your regular Medi-Cal eligibility.
- ☐ You will receive another notice if you are eligible for another program.

Your child is not eligible for this program because:

- ☐ Your family's income is over the allowable limit.
- ☐ Your child's eligibility for benefits under this program ends _____ because:
 - ☐ Your child has reached age one.
 - ☐ Other: _____
- ☐ You will receive another notice if your child is eligible for another program.
- ☐ Enclosed are forms that you need to complete and return to us to determine if you or your child is eligible for another program. Please return this information within _____ days.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible for Medi-Cal.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50262.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS BAJO EL PROGRAMA QUE IGNORA INGRESOS EN UN 200% PARA MUJERES EMBARAZADAS Y BEBÉS

(COUNTY STAMP)

Fecha de la notificación _____
Número del caso _____
Nombre del trabajador _____
Número del trabajador _____
Número de teléfono del trabajador _____
Horas hábiles: _____
Notificación para _____

El Programa que Ignora los Ingresos en un 200% es un programa especial para mujeres embarazadas y bebés de hasta un año de edad, con ingresos al o por debajo del 200 por ciento del nivel federal de pobreza. Éste proporciona servicios relacionados con el embarazo y atención después del parto a las mujeres y atención médica a los bebés menores de un año, con cero parte del costo. Una evaluación de su caso indica que:

Usted no reúne los requisitos para este programa puesto que:

- ☐ Los ingresos de su familia están por encima del límite permitido.
 - ☐ Esto no afecta su elegibilidad para recibir beneficios de Medi-Cal regular.
- ☐ Su elegibilidad para beneficios bajo este programa termina el _____ puesto que:
 - ☐ Usted ya no está embarazada, y se ha terminado su periodo de 60 días después del parto.
 - ☐ Otra razón: _____
 - ☐ Esto no afecta su elegibilidad para recibir beneficios de Medi-Cal regular.
- ☐ Usted recibirá otra notificación, si reúne los requisitos para otro programa.

Su niño(a) no reúne los requisitos para este programa puesto que:

- ☐ Los ingresos de su familia están por encima del límite permitido.
- ☐ La elegibilidad de su niño(a) para beneficios bajo este programa termina el _____ puesto que:
 - ☐ Su niño(a) ha cumplido un año de edad.
 - ☐ Otra razón: _____
- ☐ Usted recibirá otra notificación, si su niño(a) reúne los requisitos para otro programa.

- ☐ Se le adjuntan los formularios que usted necesita llenar y regresarnos, a fin de determinar si usted o su niño(a) reúne los requisitos para otro programa. Por favor, regrese esta información, en un plazo de _____ días.

Si usted tiene alguna pregunta sobre esta acción, por favor escribanos o llámenos por teléfono. Nosotros le contestaremos sus preguntas, o concertaremos una cita para entrevistarnos con usted. Usted puede volver a solicitar beneficios de Medi-Cal en cualquier momento. NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (BIC). Usted puede usarla de nuevo, si vuelve a reunir los requisitos para recibir beneficios de Medi-Cal.

Las regulaciones que exigen esta acción son las Secciones 50260 y 50262, del Título 22, del Código de Regulaciones de California.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 133 PERCENT PROGRAM

(COUNTY STAMP)

Notice date _____
Case number _____
Worker name _____
Worker number _____
Worker telephone number _____
Office hours _____
Notice for _____

The 133 Percent Program provides Medi-Cal benefits at no share-of-cost for children who are at one year of age up to age six whose family income is at or below 133 percent of the federal poverty level. A review of your case shows that

- ☐ Your child(ren) does not qualify for this program because your family's income is over the allowable limit. You will receive a separate notice about regular Medi-Cal.
- ☐ Your child(ren) does not qualify for this program because your family's income is over the allowable limit. Enclosed are forms that you need to complete and return to us to determine if he/she is eligible for regular Medi-Cal with a share of cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- ☐ Eligibility for benefits under the 133 Percent Program ends because your child has reached age six.
 - ☐ A separate notice will be sent to you about regular Medi-Cal. If your child is hospitalized, let your worker know right away.
 - ☐ Enclosed are forms that you need to complete for us to determine if he/she is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- ☐ Eligibility for benefits under the 133 Percent Program ends _____ because.

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.5.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. **DO NOT THROW AWAY YOUR CHILD'S BENEFITS IDENTIFICATION CARD (BIC)**. Your child can use it again under another regular Medi-Cal program even if your child has a share-of-cost.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR APPEAL INFORMATION.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACION DE ACCION DE MEDI-CAL NEGACION O DESCONTINUACION DE BENEFICIOS CONFORME AL PROGRAMA DEL 133 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____
Numero del caso: _____
Nombre del trabajador: _____
Numero del trabajador: _____
Numero de teléfono del trabajador: _____
Horario de la oficina: _____
Notificación para: _____

El Programa del 133 Por Ciento proporciona beneficios médicos sin parte del costo a niños que tienen de uno a seis años de edad, cuyos ingresos familiares están al o por debajo del 133 por ciento del nivel federal de pobreza. Una revisión de su caso indica que:

- ☐ Su/s hijo/s no reúne/n los requisitos para recibir beneficios de este programa, puesto que sus ingresos familiares exceden el límite permitido. Usted recibirá una notificación por separado sobre su Medi-Cal regular.
- ☐ Su/s hijo/s no reúne/n los requisitos para recibir beneficios de este programa, puesto que sus ingresos familiares exceden el límite permitido. Necesita llenar y enviarnos los formularios adjuntos para determinar si él/ella reúne los requisitos para recibir Medi-Cal regular con una parte del costo. Por favor envíenos esta información en un plazo de diez días. Si no la recibimos, los beneficios de su hijo/a terminarán el _____.
- ☐ La elegibilidad para recibir beneficios conforme al Programa del 133 Por Ciento termina, puesto que su hijo/a ha cumplido seis años de edad.
 - ☐ Se le enviará una notificación por separado sobre su Medi-Cal regular. Si a su hijo/a se le hospitaliza, hágaselo saber de inmediato a su trabajador/a.
 - ☐ Necesita llenar y enviarnos los formularios adjuntos para determinar si él/ella reúne los requisitos para recibir Medi-Cal regular con una parte del costo. Por favor, envíenos esta información en un plazo de diez días. Si no la recibimos, los beneficios de su hijo/a terminarán el _____.
- ☐ La elegibilidad para recibir beneficios conforme al Programa del 133 Por Ciento termina el _____ puesto que:

La regulación que exige esta acción es la sección 50262.5, del Título 22, del Código de Regulaciones de California.

Si tiene alguna pregunta sobre esta acción, por favor escribanos o llámenos por teléfono. Le contestaremos sus preguntas o concertaremos una cita para atenderle personalmente. En cualquier momento usted puede volver a solicitar Medi-Cal. **NO TIRE LA TARJETA DE IDENTIFICACION DE BENEFICIOS (BIC) DE SU HIJO/A.** Su hijo/a la puede volver a usar para otro programa regular de Medi-Cal, aun si su hijo/a tiene que pagar una parte del costo.

PARA INFORMACIÓN SOBRE APELACIONES, POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE 133 PERCENT PROGRAM

(COUNTY STAMP)

Notice date _____
Case number _____
Worker name _____
Worker number _____
Worker telephone number _____
Office hours _____
Notice for _____

Beginning _____, your child is eligible to receive Medi-Cal benefits without a share-of-cost under the 133 percent program for children from one to six years of age. Under this program, the child's Medi-Cal benefits will provide:

- ☐ Full Medi-Cal benefits.
- ☐ Restricted Medi-Cal benefits (services for treatment of emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements.

You must report within ten days any significant changes that could affect your child's eligibility, such as changes in your income, address, medical condition, or household situation.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.5.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS BAJO EL PROGRAMA DEL 133 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación. _____
Número del caso. _____
Nombre del trabajador. _____
Número del trabajador. _____
Número de teléfono del trabajador. _____
Horas hábiles. _____
Notificación para. _____

A partir del _____, su(s) niño(s) reúne(n) los requisitos para recibir beneficios de Medi-Cal, sin una parte del costo, bajo el programa del 133 por ciento para niños de uno a seis años de edad. Bajo este programa, los beneficios de Medi-Cal de su niño(a) le proporcionarán:

☐ Beneficios completos de Medi-Cal.

☐ Beneficios limitados de Medi-Cal (servicios sólo para el tratamiento de condiciones médicas de emergencia).

La elegibilidad bajo este programa se basa en los ingresos de su familia, además de otros requisitos del programa.

Usted tiene que reportar, en un plazo de diez días, cualesquier cambios importantes que podrían afectar la elegibilidad de su niño(a), como por ejemplo cambios en sus ingresos, dirección, condición médica o situación en el hogar.

Siempre presente su Tarjeta de Identificación de Beneficios (BIC) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU BIC DE PLÁSTICO.

La regulación que exige esta acción es la Sección 50262.5, del Título 22, del Código de Regulaciones de California.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 100 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 100 Percent Program provides Medi-Cal benefits at no share-of-cost for children or persons who are at least 6 years of age up to age 19 whose family income is at or below 100 percent of the federal poverty level. A review of your case shows that:

- ☐ You do not qualify for this program because:
- ☐ Your child(ren) does not qualify for this program because:
- ☐ Your family's income is over the allowable limit. You will receive a separate notice about regular Medi-Cal.
- ☐ Eligibility for benefits under the 100 Percent Program ends because your child has reached age 19.
- ☐ Eligibility for benefits under the 100 Percent Program ends because you have reached age 19.
- ☐ A separate notice will be sent to you about regular Medi-Cal. If you or your child is hospitalized, let your worker know right away.
- ☐ Enclosed are forms that you need to complete for us to determine if you or your child is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days.
- ☐ Eligibility for benefits under the 100 Percent Program ends _____ because:

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.6.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. **DO NOT THROW AWAY YOUR CHILD'S BENEFITS IDENTIFICATION CARD (BIC).** You or your child can use it again under another regular Medi-Cal program even if your child has a share-of-cost.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR APPEAL INFORMATION.

MC 239 G (7/00)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN MEDI-CAL DE NEGACIÓN O SUSPENSIÓN DE BENEFICIOS BAJO EL PROGRAMA DEL 100 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El Programa del 100 por Ciento proporciona beneficios de Medi-Cal, sin el pago de una parte del costo, para niños o las personas de por lo menos 6 años, hasta los 19 años de edad, cuyos ingresos familiares estén por debajo del 100 por ciento del nivel federal de pobreza. Una revisión de su caso muestra que:

- ☐ Usted no tiene derecho a este programa porque:
- ☐ Su(s) hijo(s)/hija(s) no tiene(n) derecho a este programa porque:
- ☐ Los ingresos de su familia sobrepasan el límite permitido. Usted recibirá una notificación, por separado, acerca del Medi-Cal regular.
- ☐ La elegibilidad para recibir beneficios bajo el Programa del 100 por Ciento termina porque su hijo(a) ha cumplido los 19 años de edad.
- ☐ Su elegibilidad para recibir beneficios bajo el Programa del 100 por Ciento termina porque usted ha cumplido los 19 años de edad.
- ☐ Se le enviará una notificación, por separado, acerca del Medi-Cal regular. Si usted o su hijo(a) es hospitalizado(a), infórmeselo de inmediato a su trabajador(a).
- ☐ Se le adjuntan los formularios que necesitará completar, para determinar si usted o su hijo(a) reúne los requisitos para recibir beneficios del Medi-Cal regular, con el pago de una parte del costo. Por favor, devuelva este formulario en un plazo de 10 días.
- ☐ La elegibilidad para recibir beneficios bajo el Programa del 100 por Ciento termina el _____ porque:

Las regulaciones que requieren esta acción se establecen en la Sección 50262.5, del Título 22, del Código de Regulaciones de California.

Si usted tiene alguna pregunta sobre esta acción, por favor escriba o llámenos por teléfono. Responderemos a sus preguntas o concertaremos una cita para atenderle. Usted puede volver a solicitar beneficios de Medi-Cal en cualquier momento. NO TIRE A LA BASURA LA TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (BENEFITS IDENTIFICATION CARD—BIC) DE SU HIJO(A). Su hijo(a) puede volver a usarla, bajo otro programa normal de Medi-Cal, aún si su hijo(a) tiene que pagar una parte del costo.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN PARA OBTENER INFORMACIÓN DE APELACIÓN

MC 239 G (SP) (7/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-37

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE 100 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 100 Percent Program provides Medi-Cal benefits at no share-of-cost for children or persons who are at least 6 years of age up to age 19 whose family income is at or below 100 percent of the federal poverty level.

- ☐ Beginning _____, you are eligible to receive Medi-Cal benefits under this program.
- ☐ Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits under this program.

Under this program, Medi-Cal will provide:

- ☐ Full Medi-Cal benefits.
- ☐ Restricted Medi-Cal benefits (pregnancy and emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements.

You must report within ten days any significant changes that could affect your or your child's eligibility, such as changes in your income, medical condition, address, or household situation.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.6.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN PARA EL PROGRAMA DEL 100 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación _____
Numero del caso. _____
Nombre del trabajador _____
Numero del trabajador _____
Numero de teléfono del trabajador _____
Horas hábiles _____
Notificación para _____

El Programa del 100 por Ciento proporciona beneficios de Medi-Cal, sin el pago de una parte del costo, para los niños o personas de por lo menos 6 años, hasta los 19 años de edad, cuyos ingresos familiares estén por debajo del 100 por ciento del nivel federal de pobreza.

- ☐ A partir del _____, usted reúne los requisitos para recibir beneficios de Medi-Cal bajo este programa.
- ☐ A partir del _____, su(s) hijo(s)/hija(s) reúne(n) los requisitos para recibir beneficios de Medi-Cal bajo este programa.

Bajo este programa, Medi-Cal proporcionará.

- ☐ Beneficios completos de Medi-Cal.
- ☐ Beneficios limitados de Medi-Cal (solamente para embarazo y condiciones médicas de emergencia).

La elegibilidad bajo este programa se basa en los ingresos de su familia, además de los otros requisitos del programa.

Usted tiene que reportar, dentro de un plazo de diez días, cualesquier cambios importantes que pudieran afectar su elegibilidad o la de su hijo(a), como por ejemplo cambios en sus ingresos, condición médica, dirección o situación en el hogar.

Siempre presente su Tarjeta de Beneficios (*Benefits Identification Card—BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, siempre que usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE A LA BASURA SU TARJETA PLÁSTICA BIC.

Las regulaciones que requieren esta acción se establecen en la Sección 50262.6, del Título 22, del Código de Regulaciones de California.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION BENEFITS RESTRICTED TO EMERGENCY MEDICAL AND PREGNANCY-RELATED SERVICES

(County Stamp)

Notice date _____
Case number _____
Worker name _____
Worker number _____
Worker telephone number _____
Office hours _____
Notice for _____

Effective _____ you will be eligible for RESTRICTED Medi-Cal benefits that will allow you to receive emergency medical and pregnancy-related services. You will soon receive a plastic Benefits Identification Card (BIC) in the mail. This card is good as long as you are eligible for Medi-Cal. TAKE THIS CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related care means services required to assure the health of the pregnant woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

- ☐ Your application for restricted benefits has been approved.
- ☐ Your application for full benefits is denied. We have granted you, instead, eligibility for emergency medical treatment and pregnancy-related services.

We are taking this action because you are an alien who.

- ☐ Does not have satisfactory immigration status according to information received from the Immigration and Naturalization Service.
- ☐ Lacks documentary proof of satisfactory immigration status for Medi-Cal purposes.
- ☐ Has been admitted to the United States as a nonimmigrant for a limited period of time.
- ☐ Since your income was more than the amount allowed for living expenses, you have a share-of-cost you must pay or obligate to pay toward the costs of medical care received. Your share-of-cost is \$ _____ beginning _____. Your share-of-cost was computed as follows:

Gross Income	\$ _____
Net Nonexempt Income	\$ _____
Maintenance Need	\$ _____
Excess Income/Share-of-Cost	\$ _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Take your plastic card with you each time you receive medical care. The amount that you must pay or obligate to pay to the providers will be automatically computed. After your total share-of-cost has been paid or obligated, you will not have to pay for medical services received that month from Medi-Cal providers.

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s).

If you have questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you. You must report all changes in your immigration status to us. A change in status may qualify you to receive full Medi-Cal benefits rather than just restricted services.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL BENEFICIOS LIMITADOS A LOS SERVICIOS MÉDICOS DE EMERGENCIA Y A LOS SERVICIOS RELACIONADOS CON EL EMBARAZO

(County Stamp)

Fecha de la notificación _____
Número del caso: _____
Nombre del trabajador _____
Número del trabajador _____
Número de teléfono del trabajador. _____
Horario de la oficina _____
Notificación para. _____

A partir del _____ Ud. será elegible para los beneficios LIMITADOS de Medi-Cal que le permitirán recibir servicios médicos de emergencia y servicios relacionados con el embarazo. Pronto, Ud. recibirá por correo una Tarjeta de Identificación de Beneficios (BIC) de plástico. Esta tarjeta es válida mientras que Ud. sea elegible para recibir servicios de Medi-Cal. **MUESTRELE ESTA TARJETA A SU PROVEEDOR MÉDICO SIEMPRE QUE NECESITE ASISTENCIA. NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO.**

Una afección médica de emergencia es aquella afección que se manifiesta con síntomas agudos de gran gravedad, incluyendo el dolor muy fuerte, que de no tratarse inmediatamente podría poner en grave peligro la salud del paciente, causar problemas graves con las funciones fisiológicas o perjudicar el funcionamiento de cualquier órgano o parte del cuerpo. La emergencia debe ser certificada por un doctor u otro proveedor médico adecuado (de acuerdo a la Sección 51056 del Título 22 del Código de Ordenamientos de California). El Departamento de Servicios de Salud puede examinar la decisión del proveedor sobre la existencia de una emergencia y sobre la justificación médica de ciertos tratamientos de seguimiento recibidos.

Los cuidados relacionados con el embarazo son aquellos servicios necesarios para asegurar el estado saludable de la mujer embarazada o el bebé que todavía no ha nacido. Los cuidados para el embarazo pueden ser proporcionados antes del embarazo y hasta 60 días después del parto.

- ☐ Su solicitud para los beneficios limitados ha sido aprobada
- ☐ Su solicitud para beneficios completos ha sido denegada. En lugar de beneficios completos le hemos concedido elegibilidad para recibir tratamiento médico de emergencia y servicios relacionados con el embarazo.

Hemos tomado esta decisión ya que Ud. es un extranjero que:

- ☐ No posee un estado de inmigración satisfactorio de acuerdo a la información recibida por el Servicio de Inmigración y Naturalización.
- ☐ No posee la documentación necesaria que pruebe que su estado de inmigración es satisfactorio para la elegibilidad de Medi-Cal.
- ☐ Ha sido admitido a los Estados Unidos por un tiempo limitado como una persona no inmigrante.
- ☐ Debe pagar o comprometerse a pagar una parte del costo del cuidado médico que ha recibido ya que sus ingresos sobrepasan el límite de los gastos necesarios para vivir. Su parte del costo es de \$ _____ a partir del _____. Su parte del costo fue calculada de la siguiente manera:

Ingresos Brutos	\$ _____
Ingresos Netos No Exentos	\$ _____
Ingresos Necesarios para Mantenerse	\$ _____
Ingresos en Exceso/Parte del Costo	\$ _____

MC 209 P (SP) (4/01) (corrected 5/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Lleve su tarjeta de plástico consigo cada vez que reciba cuidado médico. La cantidad que Ud debe pagar o comprometerse a pagar a los proveedores será calculada automáticamente. Después de que Ud haya pagado toda su parte del costo, Ud. no tendrá que pagar por los servicios médicos proporcionados por los proveedores de Medi-Cal ese mes

Esta acción debe llevarse a cabo como requisito de la Sección 14007.5 del Código de Bienestar e Instituciones y el Código de Ordenamientos de California, Título 22, Sección/es:

Si Ud. tiene alguna pregunta sobre la acción que se ha tomado o si existe mayor información sobre su salud de la que no nos ha informado, póngase en contacto con nosotros por escrito o llámenos por teléfono. Le responderemos a sus preguntas o haremos una cita para verle. Usted debe notificarnos de todos los cambios en su estado de inmigración. Un cambio en su estado de inmigración puede hacerle elegible para recibir beneficios completos de Medi-Cal en lugar de los servicios limitados.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION CHANGE FROM RESTRICTED SERVICES TO FULL BENEFITS

(COUNTY STAMP)

Notice date _____
Case number: _____
Worker name: _____
Worker number _____
Worker telephone number _____
Office hours: _____
Notice for _____

Effective _____, you are eligible to receive all the services covered by the Medi-Cal Program rather than the services restricted to treatment of an emergency medical condition or pregnancy-related care. This change in benefits results from the fact that:

- ☐ You are an alien otherwise eligible for Medi-Cal who has declared satisfactory immigration status for Medi-Cal purposes.
- ☐ You are an alien otherwise eligible for Medi-Cal who has provided reasonable evidence of satisfactory immigration status for Medi-Cal purposes.
- ☐ You are an alien legalized in accordance with Section 210, 210A, or 245A of the Immigration and Nationality Act who has passed your five-year disqualification period after applying for amnesty or you are age 65 or older, blind, disabled, under age 18, or a Cuban/Haitian entrant.
- ☐ Since your income exceeds the amount allowed for living expenses, you have a share-of-cost to pay or obligate toward your medical care. Your share-of-cost is \$ _____ beginning _____.

Your share-of-cost was computed as follows:

Gross income	\$ _____
Net nonexempt income	\$ _____
Maintenance need	\$ _____
Excess income/share-of-cost	\$ _____

ALWAYS PRESENT YOUR PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal.

This action is required by the Welfare and Institutions Code, Section 14007.5 and by the California Code of Regulations, Section(s):

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 Q (7/82)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-44

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL CAMBIO DE SERVICIOS LIMITADOS A BENEFICIOS COMPLETOS

(COUNTY STAMP)

Fecha de la notificación: _____
Numero del caso _____
Nombre del trabajador: _____
Numero del trabajador: _____
Numero de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para _____

A partir del _____, usted reúne los requisitos para recibir todos los servicios cubiertos por el Programa de Medi-Cal, en vez de los servicios limitados al tratamiento de una condición médica de emergencia o cuidado relacionado al embarazo. Este cambio en los beneficios es debido a que:

- ☐ Usted es un extranjero que reúne los otros requisitos para recibir beneficios de Medi-Cal que ha declarado una situación migratoria satisfactoria para propósitos de Medi-Cal.
- ☐ Usted es un extranjero que reúne los otros requisitos para recibir beneficios de Medi-Cal, que ha proporcionado pruebas razonables de situación migratoria satisfactoria para propósitos de Medi-Cal.
- ☐ Usted es un extranjero legalizado, en conformidad con las secciones 210, 210A o 245A del Decreto de Inmigración y Nacionalidad, que ha pasado su periodo de descalificación de cinco años después de solicitar amnistía, o usted es una persona de edad avanzada (tiene 65 años de edad o más), es ciego, incapacitado, menor de 18 años o un entrante cubano/haitiano.
- ☐ Puesto que sus ingresos exceden la cantidad permitida para gastos necesarios para vivir, usted tiene que pagar u obligarse a pagar una parte del costo de su cuidado médico. Su parte del costo es de \$ _____ a partir del _____.

Su parte del costo se calculó de la manera siguiente:

Ingresos brutos	\$ _____
Ingresos netos que no son exentos	\$ _____
Ingresos necesarios para mantenerse	\$ _____
Ingresos en exceso/parte del costo	\$ _____

SIEMPRE PRESENTE SU TARJETA DE PLÁSTICO A SU PROVEEDOR MÉDICO CADA VEZ QUE NECESITE OBTENER CUIDADO. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal.

Esta acción la exige la sección 14007.5 del Código de Bienestar e Instituciones, así como la(s) siguiente(s) sección(es) del Código de Ordenamientos de California:

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 Q (SP) (7/02)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-45

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPLICATION FOR RETROACTIVE EMERGENCY MEDICAL AND PREGNANCY-RELATED SERVICES

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

We have reviewed all the information in your case file which relates to your application for retroactive emergency medical and pregnancy-related services. Our findings are indicated below.

Pregnancy-related care means services required to assure the health of the pregnant woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

- ☐ You are entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____.
- ☐ Since your income was more than the amount allowed for living expenses, you must pay or obligate to pay a share of the cost of your medical care.

	MONTH 1	MONTH 2	MONTH 3
Gross Income	\$ _____	\$ _____	\$ _____
Net Nonexempt Income	\$ _____	\$ _____	\$ _____
Maintenance Need	\$ _____	\$ _____	\$ _____
Excess Income/Share-of-Cost	\$ _____	\$ _____	\$ _____

- ☐ You are not entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____ for the following reasons:
- ☐ A plastic Benefits Identification Card (BIC) will be sent to you in the mail soon. TAKE THIS PLASTIC CARD TO EACH MEDICAL PROVIDER WHERE YOU RECEIVED SERVICE IN THE ABOVE MONTHS. Your Plastic Card will show your provider if you have a share-of-cost to pay. The amount that you pay or are obligated to pay the medical providers will be automatically computed. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s).

This action does not affect your application for current and continuing Medi-Cal. If you have any questions or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions over the telephone, in writing, or will make an appointment to see you in person.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 S (7/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL SOLICITUD PARA RECIBIR SERVICIOS RETROACTIVOS MÉDICOS DE EMERGENCIA Y RELACIONADOS AL EMBARAZO

(COUNTY STAMP)

Fecha de la notificación _____
Número del caso _____
Nombre del trabajador _____
Número del trabajador _____
Número de teléfono del trabajador _____
Horas hábiles _____
Notificación para _____

Hemos revisado toda la información en su expediente que se relaciona a su solicitud para recibir servicios retroactivos médicos de emergencia y los relacionados al embarazo. A continuación se encuentran nuestros resultados

El cuidado relacionado al embarazo significa los servicios que se requieren para asegurar la salud de la mujer embarazada o del bebé por nacer. El cuidado de embarazo se puede proporcionar prenatalmente y hasta 60 días después del parto.

- ☐ Usted tiene derecho a recibir beneficios limitados de Medi-Cal para servicios de emergencia y los relacionados al embarazo durante _____.
- ☐ Puesto que sus ingresos excedieron la cantidad permitida para gastos necesarios para vivir, usted tiene que pagar u obligarse a pagar una parte del costo de su cuidado médico.

	MES 1	MES 2	MES 3
Ingresos Brutos	\$ _____	\$ _____	\$ _____
Ingresos Netos que no Están Exentos	\$ _____	\$ _____	\$ _____
Ingresos Necesarios para Mantenerse	\$ _____	\$ _____	\$ _____
Ingresos en Exceso/Parte del Costo	\$ _____	\$ _____	\$ _____

- ☐ Usted no tiene derecho a recibir beneficios limitados de Medi-Cal para servicios de emergencia y relacionados al embarazo durante _____ debido a las siguientes razones:
- ☐ Pronto, se le enviará por correo una Tarjeta de Identificación de Beneficios (BIC) de plástico. LLEVE ESTA TARJETA DE PLÁSTICO A CADA UNO DE LOS PROVEEDORES MÉDICOS DE LOS CUALES RECIBIO SERVICIOS DURANTE LOS MESES MENCIONADOS ARRIBA. Su Tarjeta de Plástico le indicará a su proveedor si usted tiene que pagar una parte del costo. La cantidad que usted pague o la que se comprometa u obligue a pagar a los proveedores médicos se calculará automáticamente. NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO.

Esta acción la exige la sección 14007.5 del Código de Bienestar e Instituciones, así como, las siguientes secciones: del Título 22 del Código de Ordenamientos de California:

Esta acción no afecta su solicitud para recibir beneficios actuales o continuos de Medi-Cal. Si tiene alguna pregunta o si existe información adicional relacionada a sus circunstancias que no nos ha reportado, por favor escriba o llame por teléfono. Le contestaremos sus preguntas por teléfono, por escrito o haremos una cita para verle en persona.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 S (SP) (7/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SNEEDE V. KIZER FEDERAL POVERTY LEVEL (FPL) PROGRAMS FOR PREGNANT WOMEN AND INFANTS (INCOME DISREGARD, 200 PERCENT [%]), CHILDREN AGES 1 THROUGH 5 (133 PERCENT [%]), AND CHILDREN AGES 6 THROUGH 18 (100 PERCENT [%])

Case name	Case number	Effective date (month/year)
-----------	-------------	-----------------------------

INSTRUCTIONS:

1. Complete this form for *all* of the potential percentage program eligibles whose MBU has a share of cost.
2. **Net Nonexempt Family Income:** enter the *full* net nonexempt income of the percent (%) program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent), do not enter the *Sneede* allocations.
 - a. If the potential percent (%) program eligible is:
 - an unmarried pregnant woman, use only her income,
 - a pregnant minor, use her income and her parents' income, if they are in the home,
 - a married pregnant woman, use her and her spouse's income,
 - a child, use the child's and natural/adoptive parents' income, if they are in the MFBU
 - b. If the potential percent (%) program eligible and/or his/her responsible relatives are:
 - AFDC-MN/MI add lines 20 and 25 from MC 175-3I,
 - ABD-MN, first complete another MC 175-3I (lines 1 through 25), allow only AFDC-MN deductions, and enter the total from lines 20 and 25
 - c. When only the separate children of one spouse want Medi-Cal, full net nonexempt parental income does **NOT** include income allocations to persons outside of the MFBU. (Use amount from MC 176 W 1, line 30, for responsible relative net nonexempt income)

A. NET NONEXEMPT FAMILY INCOME DETERMINATION

1 Name of potential percent (%) program eligible in MBU with SOC					
2. Name of responsible relative number 1					
3 Name of responsible relative number 2					
4 Full net nonexempt income of percent (%) program eligible	\$	\$	\$	\$	\$
5 Full net nonexempt income of responsible relative number 1	\$	\$	\$	\$	\$
6 Full net nonexempt income of responsible relative number 2	\$	\$	\$	\$	\$
7 Total net nonexempt family income (add lines 4, 5, and 6 and enter on B 4)	\$	\$	\$	\$	\$

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. ELIGIBILITY DETERMINATION Number of persons in MFBU

1 Name of potential percent (%) program eligible					
2 Potential percent (%) program (check one)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)
3. Enter FPL for percent (%) program shown in B 2 based on the number of persons in MFBU	\$	\$	\$	\$	\$
4 Enter total net nonexempt family income (from A 7.)	\$	\$	\$	\$	\$
5 Is total net nonexempt family income (B.4) less than or equal to amount in B.3 ?	<input type="checkbox"/> Yes eligible (continue) <input type="checkbox"/> No deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No deny FPL Program	<input type="checkbox"/> Yes eligible (continue) <input type="checkbox"/> No deny FPL Program	<input type="checkbox"/> Yes eligible (continue) <input type="checkbox"/> No deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No deny FPL Program
6 Person number (optional)					
7 Aid code (optional)					
8 MBU number (optional)					

Eligibility Worker signature

Worker number

Computation date

